

HEALTH EDUCATION SERVICES PROGRAM GUIDELINES

A. Definitions

1. Health Education

Health education is a process including intellectual, psychological, social, and cultural dimensions relating to activities that enable people to make informed decisions affecting personal health. Multiple educational approaches are carefully planned to facilitate behavior conducive to optimum health practices. Health education includes a set of activities which:

- a. Inform people about health, illness, disability, and ways they can protect their own health, including more efficient use of the health delivery system;
- b. Motivate people to develop more healthful practices; and
- c. Help people to learn the necessary skills to adopt and maintain healthful life styles.

In summary, health education is a process which bridges the gap between health information and practices. It motivates and empowers individuals to make lifestyle changes by utilizing information in ways that will assist in avoiding actions that might be harmful. The services may be delivered one-on-one or in group sessions.

2. Public/Consumer Health Information

Public/consumer information is a process designed for the improvement and maintenance of health that may include, but not be limited to:

- a. Using media, such as radio, television, newspaper, or newsletter to inform the public on health issues, problems, and services;
- b. Developing and implementing public/consumer health education (individual or group) programs in any of the following areas:
 - (1) Accident prevention
 - (2) Perinatal care
 - (3) Weight control
 - (4) Hypertension
 - (5) Diabetes
 - (6) Family planning
 - (7) Pesticide education
 - (8) Child health
 - (9) Wellness
 - (10) Stress reduction
 - (11) Nutrition as relates to life style (not clinical nutrition counseling)
 - (12) Communicable diseases
 - (13) Women's health care
 - (14) Risk reduction

c. Implementing community health screenings that may include but not be limited to:

- (1) Wellchild care
- (2) Hypertension screening
- (3) Anemia testing
- (4) Breast self-exam
- (5) Glaucoma testing

3. Patient Education

Patient education is the development of educational/counseling sessions (either one-on-one or group) that provide health information and education to clinic patients.

B. Program Planning

Deliberate, strategic program planning ensures that consistent, client oriented, preventive, and maintenance health education is available to all clinic patients, and maintains a clinic prevention program that responds to community need.

1. a. Guideline

The health educator shall design a plan to develop, maintain, and evaluate health education program services. The plan shall address the identifiable health needs of the client population and the clinic community catchment area. The needs shall be determined by means of a health needs assessment.

b. Criteria

The clinic's health education plan shall be written by the health educator and updated on an annual basis. The health education plan shall include the components defined below:

- (1) Assessment - Assessment incorporates research regarding clinic patients, staff, demographics and community education needs.
- (2) Goals - Goals state the overall purpose of the education program.
- (3) Objectives - Objectives are measurable statements specifying all that is to be accomplished, by who, to whom, within what time frame, and what the estimated outcome is to be.
- (4) Activities - Activities are a specific and projected list of activities that will achieve what is defined in the objectives.
- (5) Evaluation – Evaluation measures whether the objectives have been met and assist in determining the efficacy of the program activities.
- (6) Work Plan - A narrative summation that briefly describes the course of action and the time it will take to accomplish.

C. Patient Education

Consistent, client oriented health education services assists in developing a partnership between provider and patient, empowering individuals to maintain optimum health and improve personal health conditions.

1. a. Guideline

The health educator shall provide patient education services (one-on-one and group classes) that are planned as an integral part of quality care and basic to comprehensive health care delivery systems. These services shall recognize that the patient needs information and education with which to make better informed decisions about his/her health and to successfully self-monitor medical conditions.

b. Criteria

There shall be an administrative policy in support of patient education services and appropriate protocols regarding the delivery of such services. There shall be a patient education committee that addresses clinic policy regarding health education protocols, program planning, and scope of educational activities. The committee shall consist of, but not limited to, the following: health educator, physician and/or mid level practitioner, registered nurse, nutritionist, or registered dietitian.

A minimum of two of the following topics shall be addressed in the clinic health education program. Each topic area shall have written protocols and lesson plans that are periodically revised as to current research and materials.

- (1) AIDS
- (2) Hypertension
- (3) Stroke
- (4) Accident prevention
- (5) Family planning
- (6) Stress management
- (7) Weight control
- (8) Diabetes
- (9) Heart disease
- (10) Occupational safety/pesticide
- (11) Cancer
- (12) Drug abuse/smoking/alcohol
- (13) Adolescent health

2. a. Guideline

Patient education lesson plans shall be developed for one-on-one and group sessions, and shall include the following:

- (1) Objectives
- (2) Criteria
- (3) Activities/methods
- (4) Materials

(5) Evaluation

b. Criteria

Patient education referrals from clinic providers to the health educator shall be in written form, preferably on a clinic referral form that becomes part of the patient record.

Patient education services shall be documented in either the patient chart or a binder specifically designated for health education services. All services rendered (one-on-one, group and community) shall show consistent dates of services in the patient charts, appointment books, group service documentation (e.g., sign-in sheets; participant evaluation forms, etc., or any other documentation that the clinic deems necessary. All health education services and activities shall be documented in the above manner. For evaluation purposes, a clear paper trail must exist showing completion of all services.

Clinic/community group classes and presentations shall have at least five participants to qualify as a deliverable group service.

D. Community Organization

1. a. Guideline

The health educator shall provide direct contact (one-on-one and group) with private citizens, community groups, organizations, commissions, and boards, in order to:

- (1) Assist in educating and informing the community regarding health issues;
- (2) Enhance the development of health education resources that address specific community health issues;
- (3) Aid in the planning and resolution of specific community health needs and patient access issues; and
- (4) Assist in the development of health education services that will have a broad impact upon the community.

b. Criteria

- (1) Consumers shall be encouraged to become active participants in the planning process of health education services.
- (2) The health educator shall explain the purposes of health education and show a relationship between health and behavior.
- (3) Health education program efficacy shall be assessed by consumer representatives.

2. a. Guideline

The health educator shall coordinate the clinic's primary care and health education services with the county health department and other private and public agencies and programs, in a manner that will benefit the overall health status of the community.

b. Criteria

- (1) The health educator shall meet periodically with local health department representatives, e.g., health education, WIC, family planning, immunization, senior health, etc., as well as other community-based organizations such as American Red Cross, American Cancer Society, March of Dimes, American Diabetes Association, American Heart Association, regional centers for the developmentally disabled, etc., to discuss a collective effort in the strengthening of service delivery to target populations within the community.
- (2) A community resource and referral file shall be developed and maintained, and shall include the following information regarding each agency:
 - (a) Name of organization/agency/group
 - (b) Contact person
 - (c) Address and telephone number
 - (d) Services offered
 - (e) Eligibility requirements

3. a. Guideline

The health educator shall encourage and organize consumer participation regarding identification and resolution of issues affecting community health. An organized patient advocacy system shall be established to:

- (1) Interpret the nature and scope of available services to potential users;
- (2) Hear grievances regarding the quality of services rendered; and
- (3) Present suggestions for improvements.

b. Criteria

- (1) Questionnaires
- (2) Focus groups, etc.
- (3) A needs assessment shall be conducted by means of surveys. Unmet needs shall be identified and documented.
- (4) Health education services shall be developed and implemented to meet those needs.

- (5) Evaluation mechanisms shall be developed to measure outcome of the services rendered.

E. Public/Consumer Access (formerly Outreach)

1. a. Guideline

The health educator shall establish a health information system that provides facts to consumers within the service delivery area. Residents of the community shall be provided information (one-on-one and group) to help them assume a greater responsibility for the prevention of disease, the promotion of wellness, methods to utilize health care appropriately, and encourage participation in community decision making.

b. Criteria

The health educator shall increase public awareness of health conditions in the community.

- (1) The health educator shall develop appropriate public action for the alleviation and prevention of such conditions.
- (2) The health educator shall identify target populations not utilizing primary care and health education services.

2. a. Guideline

The health educator shall develop systematic efforts to inform target populations (one-on-one and group) regarding health care services available in the community.

b. Criteria

- (1) Informational materials and health education services shall be culturally relevant.
- (2) An inventory regarding the mass media potential within the community shall be conducted in an effort to assist in the dissemination of health education information and clinic services.
- (3) Means such as newspaper feature articles, radio and television interviews and public service announcements, outreach flyers, clinic brochures, and posters shall be utilized to facilitate the dissemination of relevant information.
- (4) Nontraditional approaches shall be developed to reach target populations, e.g., at work site, church, laundromat, housing projects, etc.

3. a. Guideline

Health education materials shall be purchased or developed to meet the linguistic, cultural, and ethnic needs of the target population.

b. Criteria

- (1) Existing health education materials and audiovisual aids shall be reviewed and evaluated by the health educator.
- (2) An inventory of all health education materials and audiovisual aids shall be developed and maintained by the health educator.

- (3) The health education materials and audiovisual aids shall address relevant health issues and conditions within the community.
- (4) Incorporate principles of good graphic design.
- (5) Incorporate scientifically and technically accurate information.
- (6) Maintain cultural relevancy.
- (7) Be pre-tested for appropriateness and efficacy and be evaluated on an ongoing basis.

